

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 9
 FOR SE OF FORM 24/48

| | | | |
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| NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection | | FEC IDENTIFICATION NUMBER ▼ C C00490375 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--|--------------------|--|---|--|--|
| Full Name of Payee California Nurses Association | | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 12 / 2016 | | |
| Mailing Address 155 Grand Avenue | | | Amount 200.00 | | |
| City Oakland | State CA | Zip Code 94612 | Transaction ID : D734675 | | |
| Purpose of Expenditure Online Ad | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 04 / 13 / 2016 | | |
| Name of Federal Candidate Bernie Sanders | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC | | |
| Calendar Year-To-Date Per Election for Office Sought | | 18109.79 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

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|---|--------------------|--|---|--|--|
| Full Name of Payee National Nurses United | | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016 | | |
| Mailing Address 155 Grand Avenue | | | Amount 856.00 | | |
| City Oakland | State CA | Zip Code 94612 | Transaction ID : D734673 | | |
| Purpose of Expenditure Ad | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 04 / 18 / 2016 | | |
| Name of Federal Candidate Bernie Sanders | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA | | |
| Calendar Year-To-Date Per Election for Office Sought | | 42110.27 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 1056.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
04 / 30 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 9
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| | | | |
|--|--------------------|--|---------------------------------|
| Full Name of Payee California Nurses Association | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 14 / 2016 | |
| Mailing Address 155 Grand Avenue | | Amount 175.00 | |
| City Oakland | State CA | Zip Code 94612 | Transaction ID : D734676 |
| Purpose of Expenditure Online Ad | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 04 / 18 / 2016 | |
| Name of Federal Candidate Bernie Sanders | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: DC | |
| Calendar Year-To-Date Per Election for Office Sought 18109.79 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|--------------------|--|---------------------------------|
| Full Name of Payee Bus Bank | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 29 / 2016 | |
| Mailing Address 820 West Jackson Suite 815 | | Amount 17634.79 | |
| City Chicago | State IL | Zip Code 60607 | Transaction ID : D734678 |
| Purpose of Expenditure Travel | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 04 / 18 / 2016 | |
| Name of Federal Candidate Bernie Sanders | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: DC | |
| Calendar Year-To-Date Per Election for Office Sought 18109.79 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 17809.79 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection | | FEC IDENTIFICATION NUMBER ▼ C C00490375 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|--------------------|--|---------------------------------|
| Full Name of Payee California Nurses Association | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 18 / 2016 | |
| Mailing Address 155 Grand Avenue | | Amount 100.00 | |
| City Oakland | State CA | Zip Code 94612 | Transaction ID : D734677 |
| Purpose of Expenditure Online Ad | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 04 / 19 / 2016 | |
| Name of Federal Candidate Bernie Sanders | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC | |
| Calendar Year-To-Date Per Election for Office Sought 18109.79 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--------------------|--|---------------------------------|
| Full Name of Payee The Oakstone Company | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 29 / 2016 | |
| Mailing Address 5757 W Century Blvd #700 | | Amount 26500.00 | |
| City Los Angeles | State CA | Zip Code 90045 | Transaction ID : D734684 |
| Purpose of Expenditure Ad | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 04 / 20 / 2016 | |
| Name of Federal Candidate Bernie Sanders | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought 42110.27 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 26600.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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| NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection | | FEC IDENTIFICATION NUMBER ▼ C C00490375 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--|--------------------|--|---------------------------------|
| Full Name of Payee The Golden Rain Foundation | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 27 / 2016 | |
| Mailing Address 800 Rockview Dr | | Amount 1300.00 | |
| City Walnut Creek | State CA | Zip Code 94595 | Transaction ID : D734681 |
| Purpose of Expenditure Ad | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2016 | |
| Name of Federal Candidate Bernie Sanders | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: CA | |
| Calendar Year-To-Date Per Election for Office Sought 42110.27 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|--------------------|--|---------------------------------|
| Full Name of Payee Herburger Publications, Inc. | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 27 / 2016 | |
| Mailing Address 604 N Lincoln Way | | Amount 1386.00 | |
| City Galt | State CA | Zip Code 95632 | Transaction ID : D734682 |
| Purpose of Expenditure Ad | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2016 | |
| Name of Federal Candidate Bernie Sanders | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: CA | |
| Calendar Year-To-Date Per Election for Office Sought 42110.27 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 2686.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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| NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection | | FEC IDENTIFICATION NUMBER ▼ C C00490375 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |

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|--|--------------------|---|
| Full Name of Payee National Nurses United | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2016 |
| Mailing Address 155 Grand Avenue | | Amount 108.00 |
| City Oakland | State CA | Zip Code 94612 |
| Purpose of Expenditure Payroll | Category/ Type | Transaction ID : D734667 Date of Disbursement or Obligation MM / DD / YYYY 04 / 26 / 2016 |
| Name of Federal Candidate Bernie Sanders | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA |
| Calendar Year-To-Date Per Election for Office Sought 42110.27 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|--------------------|---|
| Full Name of Payee National Nurses United | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2016 |
| Mailing Address 155 Grand Avenue | | Amount 108.00 |
| City Oakland | State CA | Zip Code 94612 |
| Purpose of Expenditure Payroll | Category/ Type | Transaction ID : D734669 Date of Disbursement or Obligation MM / DD / YYYY 04 / 26 / 2016 |
| Name of Federal Candidate Bernie Sanders | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA |
| Calendar Year-To-Date Per Election for Office Sought 42110.27 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

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| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 216.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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| NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection | | FEC IDENTIFICATION NUMBER ▼ C C00490375 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--|--------------------|--|---------------------------------|
| Full Name of Payee National Nurses United | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2016 | |
| Mailing Address 155 Grand Avenue | | Amount 506.25 | |
| City Oakland | State CA | Zip Code 94612 | Transaction ID : D734670 |
| Purpose of Expenditure Payroll | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 04 / 26 / 2016 | |
| Name of Federal Candidate Bernie Sanders | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought 42110.27 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--------------------|--|---------------------------------|
| Full Name of Payee National Nurses United | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2016 | |
| Mailing Address 155 Grand Avenue | | Amount 175.00 | |
| City Oakland | State CA | Zip Code 94612 | Transaction ID : D734674 |
| Purpose of Expenditure Online Ad | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 04 / 26 / 2016 | |
| Name of Federal Candidate Bernie Sanders | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought 42110.27 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 681.25 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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| NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection | | FEC IDENTIFICATION NUMBER ▼ C C00490375 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|--------------------|--|---------------------------------|
| Full Name of Payee The Cabrillo Voice | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2016 | |
| Mailing Address 6500 Soquel Dr | | Amount 275.00 | |
| City Aptos | State CA | Zip Code 95003 | Transaction ID : D734680 |
| Purpose of Expenditure Ad | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 04 / 26 / 2016 | |
| Name of Federal Candidate Bernie Sanders | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought 42110.27 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|--------------------|--|---------------------------------|
| Full Name of Payee National Nurses United | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2016 | |
| Mailing Address 155 Grand Avenue | | Amount 1113.75 | |
| City Oakland | State CA | Zip Code 94612 | Transaction ID : D734672 |
| Purpose of Expenditure Payroll | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 04 / 29 / 2016 | |
| Name of Federal Candidate Bernie Sanders | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought 42110.27 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1388.75 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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| NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection | | FEC IDENTIFICATION NUMBER ▼ C C00490375 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|--------------------|--|---------------------------------|
| Full Name of Payee National Nurses United | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 27 / 2016 | |
| Mailing Address 155 Grand Avenue | | Amount 290.25 | |
| City Oakland | State CA | Zip Code 94612 | Transaction ID : D734679 |
| Purpose of Expenditure Payroll | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 04 / 29 / 2016 | |
| Name of Federal Candidate Bernie Sanders | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought 42110.27 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|--------------------|--|---------------------------------|
| Full Name of Payee Autumn Press | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 30 / 2016 | |
| Mailing Address 945 Camelia St | | Amount 6348.59 | |
| City Berkeley | State CA | Zip Code 94710-1437 | Transaction ID : D734685 |
| Purpose of Expenditure Printing | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 04 / 29 / 2016 | |
| Name of Federal Candidate Bernie Sanders | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought 42110.27 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 6638.84 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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|---|--------------------|--|---------------------------------|
| Full Name of Payee Autumn Press | | Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 30 / 2016 | |
| Mailing Address 945 Camelia St | | Amount 3143.43 | |
| City Berkeley | State CA | Zip Code 94710-1437 | Transaction ID : D734686 |
| Purpose of Expenditure Printing | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 04 / 30 / 2016 | |
| Name of Federal Candidate Bernie Sanders | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|---------------|--|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | Date of Disbursement or Obligation MM / DD / YYYY |
| Purpose of Expenditure | Category/Type | | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 3143.43 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 60220.06 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Martha Kuhl**[Electronically Filed]*

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